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PALMETTO GBA
A CELERIAN GROUP COMPANY

Roster Billing Guide For Influenza and Pneumonia Immunizations To Medicare Part B

Palmetto GBA
A CMS-Contracted Medicare Administrative Contractor

October 2015

CMS.gov
Centers for Medicare & Medicaid Services

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Introduction

Palmetto GBA has prepared this packet for health care providers who mass immunize their patients against influenza and pneumonia. The packet contains instructions on how to submit claims using the roster billing method. Please share this information with appropriate members of your staff.

If you have questions regarding influenza and pneumonia immunizations contact the appropriate Medicare Part B Provider Contact Center that processes your claims:

State	Toll-Free Telephone Number
Part B	1-855-696-0705 Monday-Friday, 8:00 a.m. until 4:30 p.m. (ET)
Railroad	1-888-355-9165 Monday-Friday, 8:30 a.m. until 4:30 p.m. (ET)

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Coverage

Influenza Virus Vaccine

Influenza virus vaccine and its administration are covered when furnished in compliance with any applicable State law, by any provider of service or any entity or individual with a provider or supplier number. The patient may receive the vaccine upon request without a physician's order and without physician supervision. Generally, one influenza vaccination is allowed per flu season.

Pneumococcal Vaccine

Dates of Service on and Prior to September 18, 2014

Medicare Part B program covered pneumococcal pneumonia vaccine and its administration when furnished in compliance with any applicable State law by any provider of services or any entity or individual with a supplier number.

Coverage included an initial vaccine administered only to persons at high risk of serious pneumococcal disease, with revaccination administered only to persons at highest risk of serious pneumococcal infection and those likely to have a rapid decline in pneumococcal antibody levels, provided that at least 5 years had passed since the previous dose of pneumococcal vaccine.

Patients at **high risk** included:

- All people age 65 and older;
- Immunocompetent adults who are at high risk of pneumococcal disease or its complications because of chronic illness, e.g., cardiovascular disease, pulmonary disease, diabetes mellitus, alcoholism, cirrhosis or cerebrospinal fluid leaks; and
- Individuals with compromised immune systems, e.g., splenic dysfunction or anatomic asplenia, Hodgkin's disease, lymphoma, multiple myeloma, chronic renal failure, HIV infection, nephritic syndrome, sickle cell disease, or organ transplantation.

Effective for Dates of Service on and After September 19, 2014

The Advisory Committee on Immunization Practices (ACIP) updated its guidelines regarding pneumococcal vaccines; now recommending the administration of two different pneumococcal vaccinations. Medicare Part B program will now cover:

- An initial pneumococcal vaccine to all Medicare beneficiaries who have never received the vaccine under Medicare Part B; and
- A different, second pneumococcal vaccine one year after the first vaccine was administered (that is, 11 full months have passed following the month in which the last pneumococcal vaccine was administered)

Since the updated ACIP recommendations are specific to vaccine type and sequence of vaccination, prior pneumococcal vaccination history should be taken into consideration. Receiving multiple vaccinations of the same vaccine type is not generally recommended.

Medicare does not require a doctor of medicine or osteopathy to order the vaccine; therefore, the beneficiary may receive the vaccine upon request without a physician's order and without physician supervision.

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General Information

Simplified Billing for Influenza and Pneumonia Vaccinations

The simplified roster billing process was developed to enable Medicare beneficiaries to participate in mass pneumococcal and influenza virus vaccination programs offered by individuals and entities that give the vaccine to a group of beneficiaries.

Generally, providers will qualify to use the simplified process if they:

- Bill Medicare for flu and/or pneumonia vaccines for multiple beneficiaries.
- Agree to accept assignment for influenza and/or pneumonia vaccination claims. (When a provider accepts assignment, he may not collect any money from the beneficiary for the vaccination.

Note: Only the CMS-approved paper simplified forms as shown in this publication will be accepted for claims processing. All other forms will be returned.

What is a mass immunizer?

CMS defines “mass immunizer” in the following manner:

- A mass immunizer generally offers flu and/or pneumonia (PPV) vaccinations to a large number of individuals (the general public or members of a specific group, such as residents of a retirement community).
- A mass immunizer may be a traditional Medicare provider or supplier such as a hospital outpatient department or may be a nontraditional provider or supplier such as a senior citizen’s center, a public health clinic, community pharmacy or supermarket.
- A mass immunizer submits claims for immunizations on roster bills.
- Mass immunizers **MUST** accept assignment.

Mandatory Claims Filing Requirements

Section 1848(g)(4) of the Social Security Act REQUIRES that you submit claims for all your Medicare patients for services rendered on or after September 1, 1990.

This requirement applies to all physicians and suppliers who provide covered services to Medicare patients. You may not charge your patients for preparing or filing a Medicare claim. The requirement to submit Medicare claims does not mean you must accept assignment. Carriers monitor compliance with mandatory claims filing requirements. Providers that violate these requirements may be subject to a civil monetary penalty of up to $2,000 for each violation and/or Medicare program exclusion.

NOTE: Mass immunizers are prohibited from collecting payment from patients who have “traditional” or “original” Medicare for the administration or cost of the influenza or pneumococcal vaccine.

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Enrollment Requirements

Providers and suppliers who want to mass immunize and submit claims to Medicare on roster bills must enroll in the Medicare program.

Providers and suppliers must enroll in Medicare even if mass immunizations are the only services they will provide to Medicare patients. They can enroll by filling out a CMS-855 form, the Provider/Supplier Enrollment application. Providers and suppliers who wish to roster bill for mass immunizations should contact the appropriate number below for a copy of the enrollment application and special instructions for mass immunizers.

State	Toll-Free Telephone Number
Part B	1-855-696-0705 Monday-Friday, 8:00 a.m. until 4:30 p.m. (ET)
Railroad	1-888-355-9165 Monday-Friday, 8:30 a.m. until 4:30 p.m. (ET)

Providers and suppliers who do not provide other covered services to Medicare patients need only to complete the portion of the enrollment form that applies to mass immunizers.

- For more information, please visit one of the following Web sites:
- CMS Internet Only Manual (IOM):
  Medicare Claims Processing Manual, Publication 100-04, Chapter 18, Section 10
  - Information on the appropriate procedure code to use for the influenza and pneumococcal vaccines.
  - Information regarding reimbursement for the influenza and pneumococcal vaccines.
- CMS Immunizations Quick Reference Guide:
  http://www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf

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Coding & Reimbursement

The following codes must be used appropriately when submitting claims for influenza and pneumococcal vaccines and their administration.

CPT / HCPCS Codes	Description
90653	Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use
90654	Influenza virus vaccine, split virus, preservative free, for intradermal use
90655	Influenza virus vaccine, trivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90656	Influenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
90657	Influenza virus vaccine, trivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
90660	Influenza virus vaccine, trivalent, live, for intranasal use
90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use
90673	Vaccine for influenza administered into muscle, preservative and antibiotic free
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
90688	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
Q2034	Influenza virus vaccine, split virus, for intramuscular use **(Agriflu)**
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use **(Afluria)**
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use **(Flulaval)**
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use **(Fluvirin)**
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use **(Fluzone)**
Q2039*	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use **(Not Otherwise Specified)**

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Admin Codes	Description
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine

** NOTE: Q2039 is a 'Not Otherwise Specified' code for the flu vaccine. It is to be used when a flu vaccine is administered but the specific vaccine has not been assigned a CPT/HCPCS code and no other code description covers the vaccine being administered.*

In order to identify the specific flu vaccine administered along with the cost associated with the vaccine; Palmetto requires an invoice to be submitted when Q2039 is billed. Also, any vaccines which have not had a price established by CMS or by Palmetto GBA may require an invoice.

For Dates of Service 9/30/15 & Prior

ICD-9 Diagnosis Codes

- A valid diagnosis is required on **ALL** influenza and pneumococcal claims.
- All diagnosis codes must be reported at the highest level of specificity.
- Claims submitted with an invalid or incomplete diagnosis code will be rejected and must be resubmitted with corrected information as new claims.

Pneumonia ICD-9-CM Code

- V03.82 – Other specified vaccinations against single bacterial diseases; streptococcus pneumoniae (pneumococcus)

Influenza ICD-9-CM Codes

- V04.81 – Need for prophylactic vaccination and inoculation against certain viral diseases; Influenza

For Dates of Service 10/1/15 & After

ICD-10 Diagnosis Code

- A valid diagnosis is required on **ALL** influenza and pneumococcal claims.
- Claims submitted with an invalid or incomplete diagnosis code will be rejected and must be resubmitted with corrected information as new claims.

Pneumonia ICD-10-CM Code

- Z23 – Encounter for immunization

Influenza ICD-10-CM Codes

- Z23 – Encounter for immunization

*****IMPORTANT: Please submit the diagnosis appropriate for the date of service submitted*****

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Important Information

- Medicare will pay 100% of the allowed amount for the influenza and pneumococcal vaccines and their administration.
- The Part B deductible and 20% coinsurance do not apply.
- If a patient receives both the influenza and the pneumococcal vaccine on the same day, Medicare will pay an administration fee for each.
- Roster bills are considered paper claims and are not paid as quickly as claims submitted electronically.
- The payment floor for paper claims is 28 days; payment will not be made before the 29th day after the date of receipt.
- The payment floor for electronic claims is 13 days; payment will not be made before the 14th day after the date of receipt.

Reimbursement

Reimbursement amounts for flu and pneumonia vaccines and their administration are updated quarterly by the Centers for Medicare & Medicaid Services (CMS). To access the reimbursement amounts for flu and pneumonia vaccines go to:

http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/01_overview.asp#TopOfPage

Under *Medicare Part B Drug Average Sales Price* listing (left side of page), select **'Seasonal Influenza Vaccines Pricing'.**

This provides current and past flu season payment allowances for the listed CPT codes and Q-codes when furnished outside the hospital outpatient department.

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Required Documentation

There must be documentation to support each service billed. Illegible documentation is of no value in verifying medical necessity or coding accuracy for services billed. Lack of documentation could be considered fraud or abuse, which is subject to monetary penalties, imprisonment, and/or exclusion from participation in the Medicare program.

Patient Signature

The patient or authorized representative must sign the roster unless the **signature is on file**. The patient's signature authorizes release of medical information necessary to process the claim. It also authorizes payment of benefits to the provider, when the provider accepts assignment on the claim.

In lieu of signing the roster, a patient may sign a form that is retained in the provider's file and is available for audit by the Medicare carrier. The **HEA 3314** form was designed by the Centers for Disease Control and Prevention and modified for use with roster bills. A completed form meets Medicare's documentation and signature requirements. For your convenience, a copy is included in this packet and may be duplicated as needed.

If the patient is physically or mentally unable to sign, a representative may sign on the patient's behalf. In this event, the signature line on the statement must indicate the patient's name followed by the representative's name, address, relationship to the patient, and the reason the patient cannot sign. When a physically handicapped patient signs by mark, i.e., "X," a witness must enter his/her name and address next to the mark.

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Roster Billing Instructions

The Social Security Act, Section 1848(g)(4)(A), requires that providers bill Medicare for covered Part B services rendered to eligible Medicare patients. This includes mass immunizers who provide influenza and pneumococcal vaccines and their administration to Medicare patients.

Roster billing is a simplified process used by mass immunizers. Two requirements must be met in order to use this simplified process:

1. The only services that may be billed on a roster are the vaccine and/or administration; and
2. The provider agrees to accept assignment, i.e., agrees to accept Medicare payment as payment in full, for influenza and pneumococcal vaccine claims. Providers who do not accept assignment must complete the standard CMS-1500 claim form or submit claims electronically for each Medicare patient receiving the vaccines. **Mass immunizers MUST accept assignment.**

- A copy of the **Pre-Printed CMS-1500 claim form** for the influenza and pneumococcal immunizations are included at the end of this packet.
- A copy of the **Pre-Printed CMS-1500 claim form** for the influenza and pneumococcal immunizations are available on the Palmetto GBA Web site at:

State	Web Site
Part B	http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~JM%20Part%20B~Browse%20by%20Topic~Preventive%20Services~Immunization~8ERPCC3328?open&navmenu=Browse^by^Topic||||
Railroad	http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Railroad%20Medicare~Preventive%20Services~Immunization~88EMGK7882?open&navmenu=Preventive^Services||||

  - **DO NOT SUBMIT** flu services on the pneumococcal roster
    - This will result in a delay in the processing of your claims.
  - **DO NOT SUBMIT** pneumococcal services on the flu roster.
    - This will result in a delay in the processing of your claims.
- Enter the appropriate CPT/HCPCS code(s) for the vaccine used when completing the pre-printed CMS-1500 claim form.
- A maximum of **ten (10)** rosters may be attached to a single pre-printed CMS-1500 claim form.
- The pre-printed CMS-1500 claim forms serve as cover documents for the rosters.
  - The claim forms and the rosters may be duplicated for future claims submission.

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Electronic Roster Billing

A **PC-ACE Pro32 Software User's Manual** has been created to provide you with information on Medicare's courtesy software, PC-ACE Pro32, which allows for electronic roster billing. Medicare provides the software and technical support free of charge. For more information or to view the packet, please visit our Web site at:

State	Web Site
Part B	• Go to : http://www.PalmettoGBA.com/jmb/edi • On the left select "Software & Manuals"
Railroad	• Go to : http://www.PalmettoGBA.com/rr/edi • On the left select "Software & Manuals"

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Claims Filing Information

Optical Character Recognition (OCR)

Through the use of an OCR system, claim information from the pre-printed CMS-1500 claim form will be entered into the processing system more rapidly. Successful scanning begins with the proper submission of claim data. It is important that claims be submitted with proper and legible coding. Claims that are not legible or properly coded may be returned or rejected.

Please follow these helpful hints when completing your pre-printed CMS-1500 forms:

The font should be:

- Legible (computerized or typed claims, laser printers are recommended)
- In Black Ink
- Courier, Arial 10, 11 or 12 font type
- CAPITAL letters

*The font must **NOT** have:*

- Dot matrix font
- Bold, Script, Italic or Stylized font
- Broken characters
- Red Ink
- Mini-font

*Do **NOT** submit with:*

- Liquid correction fluid changes
- Data touching box edges or running outside of numbered boxes
- Narrative descriptions of procedure, narrative description of modifier or narrative description of diagnosis.
- Stickers or rubber stamps
- Data or labels on the top portion of the pre-printed CMS-1500 claim form
- Special characters (i.e., hyphens, periods, parentheses, dollar signs and ditto marks)
- Do not fold your claim and roster forms.
- We recommend that you **DO NOT** fill in the Date of Service (Item 24A) on the CMS-1500 claim form.
  - Use **ONLY** the Date of Service field on the Roster Form.

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Please follow these helpful hints when completing the roster forms:

- Typed rosters are preferable; **the new interactive rosters have made this an easier process for you.** If roster information is not typed, the roster information must be printed and legible.

- **Date of Service** – The format used for the date of service should be MM/DD/YYYY or MM/DD/YY (e.g., 01/01/2015 or 01/01/15). You may only submit **ONE** Date of Service per Roster. If the date of service is submitted incorrectly, the service will be rejected.

- **Patient's Medicare Health Insurance Claim Number** – Enter the patient's complete Medicare Health Insurance Claim Number (HICN) as indicated on the Red/White/Blue Medicare card.

- **Patient's Last Name -** The patient's last name must be completed as indicated on the Red/White/Blue Medicare card.

- **Patient's First Name -** The patient's first name must be completed as indicated on the Red/White/Blue Medicare card.

- **Patient's Middle Initial -** The patient's middle initial must be completed as indicated on the Red/White/Blue Medicare card.

- **Patient's Address -** The patient's address field must be complete for each patient. Drawing a line through the patient's address field is not acceptable. If the patient's address is submitted incorrectly, the service will be rejected.

- **Patient's Signature -** The patient's signature field must be complete for each patient. Submitting the patient's signature on the first line of the roster and drawing a line through the remaining patient's signature fields is not acceptable. If the patient's signature is submitted incorrectly, the service will be rejected.

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Influenza and Pneumococcal Claims

Pre-Printed CMS-1500 Claim Form (02/12) Requirements:

The following information must be submitted **in addition to** the information pre-printed on the CMS-1500 claim form included in this packet.

- **Item 24F**: Charges
  - Enter the charge for a ***single*** influenza or pneumococcal vaccine. If only the vaccine is given, cross out the code for the administration.
  - Enter the charge for a ***single*** administration. If only the administration is provided, cross out the code for the vaccine.
- **Item 24J**: Enter the rendering provider's NPI in the shaded portion.
  - This field is only required if a group NPI is submitted in Block 33a.
- **Item 31:** Signature of Physician or Supplier
  - Enter the signature of the provider or representative and the date the form was signed
- **Item 32:** Service Facility Location Information
  - Enter the name, address and ZIP Code of the location where the service was provided (including centralized billers)
  - **32A:** Enter the NPI of the service facility
- **Item 33:** Physician's, Supplier's Billing Name, Address, Zip Code and Phone #
  - Enter the billing provider's name, address, zip code and telephone number.
  - **33a** - Enter the NPI of the billing provider or group.

Roster Forms

- A copy of the **Roster form** is available on the Palmetto GBA Web site at:

State	Web Site
Part B	http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~JM%20Part%20B~Browse%20by%20Topic~Preventive%20Services~Immunization~8ERPCC3328?open&navmenu=Browse%5eby%5eTopic||||
Railroad	http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Railroad%20Medicare~Preventive%20Services~Immunization~88EMGK7882?open&navmenu=Preventive^Services||||

- Print and complete all fields with the requested information.
- For patient signature, indicate "YES" if HEA 3314 or similar form is on file, or have the patient or authorized representative sign the roster.

Attach the pre-printed 1500 claim form to the appropriate roster(s) and mail it to:

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State	Address
Part B	Palmetto GBA P. O. Box 100190 Columbia, SC 29202-3190
Railroad	Palmetto GBA Railroad Medicare P.O. Box 10066 Augusta, GA 30999

Standard CMS-1500 Claim Form versus Pre-Printed CMS-1500 Claim Form
When using the standard CMS-1500 claim form, normal billing procedures apply and **ALL** required items must be completed. The Pre-Printed CMS-1500 Claim Form contains standardized information required for the immunization being billed.

If the standard CMS-1500 claim form is submitted with incomplete information, the claim will be rejected. Rejected claims must be resubmitted as **NEW** claims. Only one "error" will be identified per claim. Please double-check the entire claim for accuracy and completeness before resubmitting.

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Vaccine Administration Record (HEA 3314 Form)

The doctor or clinic may keep this record in your medical file or your child's medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

"I have read or have had explained to me the information in this pamphlet about influenza and/or pneumococcal disease and the influenza and/or pneumococcal vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza and/or pneumococcal vaccine(s) and ask that the vaccine(s) be given to me or the person named below for whom I am authorized to make this request."

Information about the person to receive the vaccine(s) (Please print)

Name:

Last First MI Date of Birth Age

Address:

Street City County State Zip

Signature of person to receive vaccine or person authorized to make the request (parent or guardian):

X_____ Date: _____

(For Medicare Recipients: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.)

Medicare Beneficiary Claim Number (HIC): _____

FOR CLINIC/OFFICE USE

Clinic/Office Address:

_____

Clinic/Office MEDICARE NPI:

_____

	INFLUENZA	PNEUMOCOCCAL
Date Vaccine Administered:		
Vaccine Manufacturer:		
Vaccine Lot Number:		
Site of Injection:		
Signature of Vaccine Administrator:		
Title of Vaccine Administrator:		

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Additional Reference Material:

- Know What to Do About the Flu:
  http://www.flu.gov/index.html
- CMS Website - Adult Immunizations:
  http://www.cms.hhs.gov/AdultImmunizations/
- The CDC Website - Seasonal Influenza (Flu):
  http://www.cdc.gov/flu/
- The CDC Website - Seasonal Influenza: Flu Basics
  http://www.cdc.gov/flu/about/disease/index.htm
- American Lung Association Website – Flu:
  http://www.lungusa.org/lung-disease/influenza/
- The CDC Website – Pneumonia Can Be Prevented – Vaccines Can Help:
  http://www.cdc.gov/Features/Pneumonia/
- The CDC Website – Pneumococcal Vaccination:
  http://www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm
- American Lung Association Website – Pneumonia:
  http://www.lungusa.org/lung-disease/pneumonia/

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Influenza and Pneumococcal Roster FAQs

- Do I have to submit a separate CMS-1500 (02-12) Claim Form for each beneficiary I vaccinated?
  - No. To submit claims for mass immunizations, you may submit one CMS-1500 (02-12) Claim Form and a completed roster form. More than one roster form may be submitted with one CMS-1500 (02-12) Claim Form; however, the date of service must be clearly indicated.

- How do I indicate which patients on the roster I am billing for Medicare reimbursement?
  - Beneficiaries that do not need Medicare reimbursement must be crossed off the roster. A black marker should be used to cross off the entire line of the affected non-Medicare vaccine recipient.

- How do I ensure that the information entered on the roster by the patients is correct?
  - Following the instructions on pages 11 thru 15, the roster must have the beneficiary's name (first and last), address, gender, Medicare Health Insurance Claim (HIC) number, date of birth and the beneficiary's signature. The beneficiary's name and Medicare HIC number must be submitted as it appears on the beneficiary's Medicare card. This information must be legible in order for the claims examiner to process the roster correctly. Illegible information may not be processed correctly and will result in incorrect or delayed reimbursement.

- Can I submit handwritten rosters?
  - While handwriting is discouraged, it is acceptable. The information that is submitted must be legible. Information should be printed clearly in black ink. In order to ensure fast and accurate processing, providers are strongly encouraged to submit typed or computer-generated rosters.

- How do I indicate the beneficiary's signature on the roster form?
  - The beneficiary's signature may be indicated a single stamp on the top or bottom of the roster is NOT acceptable. The actual signature or the signature indicator must be legible.

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